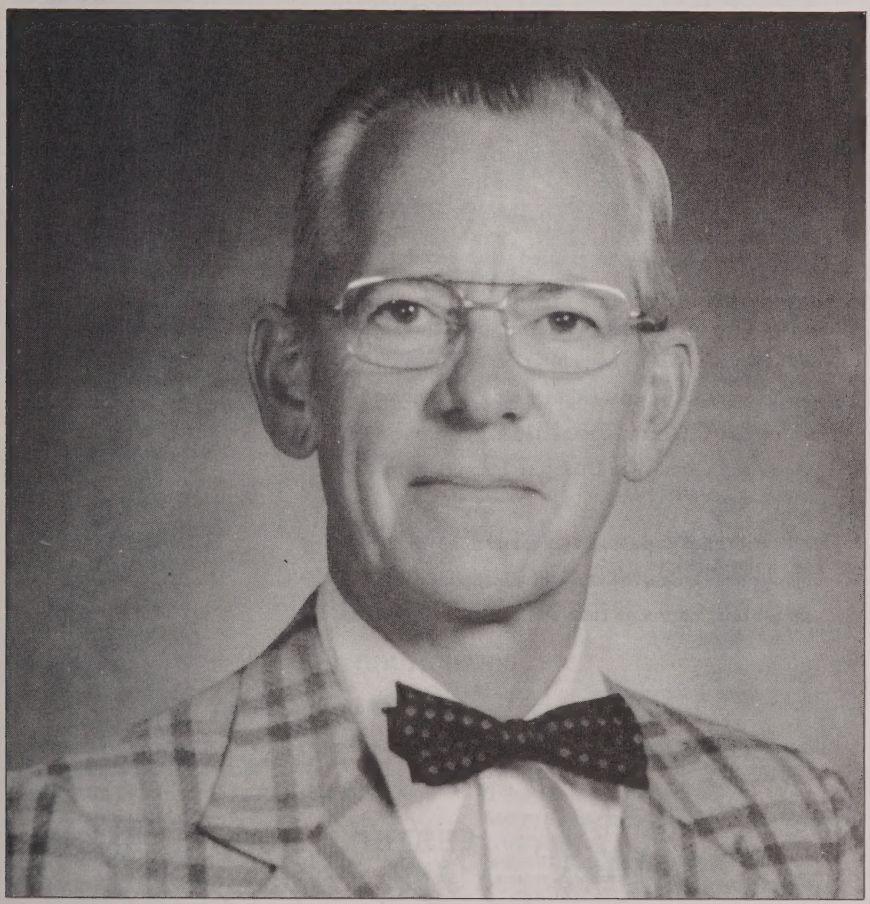
The Hampden Hippocrat

MAY
1982



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OUR 20TH ANNIVERSARY

THE HAMPDEN HIPPOCRAT
·1942·

MAY 1982 VOL. XXXX NO. 5

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The official bulletin
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of the Massachusetts
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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.
THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.
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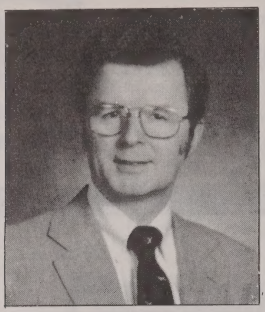

PRESIDENT'S PAGE

PHILIP B. STODDARD, M.D.
President

A special thanks to all of you who have given me encouragement and support during this past year. The Presidency year for me has been an education and broadening experience. I take away more than I have contributed.

I have tried to keep you informed on the issues of the Blue Shield suit, the Blue Shield/Blue Cross merger bill and the actions of the Council and Leadership regarding both. The issues have been and will continue to be difficult, and if solved will take time and money. I hope your resolve does not weaken in carrying the suit forward. For if the cause is lost, it will be because of the political expediency and not on the merits of the case. Already one judge has disqualified himself. It is much too hot a potato to handle in these days of consumer activism, escalating medical costs, and "politics-as-usual" in this state.

The Blue Cross/Blue Shield situation in Massachusetts is viewed across the country as a catastrophe. As I stated last month, the suit is our only lever, our only source of redress, and our only chance to remove the constraints of that organization on Massachusetts physicians. If we lose, we become employees of the organization with our services and expertise being sold at their pleasure.

The Blues have been the focus of my year in office. I urge you to continue to fight as long as the free enterprise of our practice is abridged by Blue Cross/Blue Shield. □

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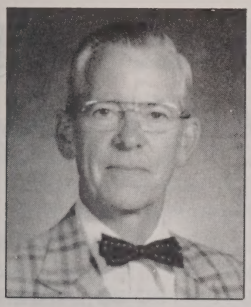

PRESIDENT'S PAGE

Garry deN. Hough, III, M.D.
President

My thanks again to the members of the Hampden District for the opportunity to serve you as president. Like you, I am trained to provide medical care on a one-to-one basis. I have gradually realized that there are increasing obstructions to this care which cannot be removed by individual action. Organized medicine provides us with an opportunity to work together at the federal, state, and local level to ameliorate these obstructions. The excellent attendance at the annual meeting convinces me that you see the need as well as I.

The decisions and actions of the society are primarily performed by its 18 committees. They are listed with their chairman in this issue. Interested active members are still needed on most committees. Each of you has the opportunity to help yourself, your fellow physicians, and your patients. Select your area of interest and call me or Vivian Purdy.

Many of these committees are active at the state level too, usually represented by the district chairman. You have given 24 Hampden District members the opportunity to serve as councillors, setting state society policy. Cooperation between state and district activities is important, continuous, and bi-directional. At our annual meeting, Mr. Chayet was critical of this process, as it applied to his firm of Warner and Stackpole. I consider this as tasteless sour grapes from the million-dollar vine. Such disagreement is productive, but apathy is not. The future decisions of the society will be yours, if you take the opportunity.

In subsequent issues of the Hippocrat, I intend to discuss membership services, to show what the society does for all of us besides conducting legal actions in our behalf. I would welcome any suggestions as to new opportunities for society activity.

This is your society. Use it, shape it, help it to help you and your patients. □

HIGHLIGHTS OF THE APRIL EXECUTIVE COMMITTEE MEETING

The Committee met on Tuesday, April 20, 1982.

The minutes of the March meeting were approved as written.

Three resignations were accepted with regret. The membership committee will be in touch with these resigned members.

Dr. Griffin wrote about handicapped parking. Further information will be printed about this parking in a future issue of the Hippocrat.

A complaint about yellow page advertising was referred to the Committee on Physician Relations.

Several questions about the Bylaws were discussed and this will be referred to the committee for answers.

Several members were asked to contact their Legislators by the Legislative Committee on S 711 and mailgrams and telephone calls were made to members of the Insurance Committee which was to hold a hearing on April 6.

Dr. Bernard Gilchriest was appointed by Dr. Stoddard to serve on the Committee of the City Council which is to determine the future of the Springfield Municipal Hospital.

The section of the Bylaws of the MMS pertaining to student members is being changed to include medical students from other medical schools outside of the Commonwealth of Massachusetts who wish to become members of MMS.

A reception will be held in June for Residents to encourage membership in the HDMS.

Dr. Hough gave a report of the Business / Medicine Coalition Committee. They have been holding monthly meetings and more information will be printed in the future to the membership.

The Executive Committee will be held on May 11, 1982 instead of the usual third week due to the Annual Meeting of the MMS.

The meeting was adjourned at 9:45 P.M. □

William W. Walthall, M.D.
Secretary

**Correction: On page 9 of the April issue in the Annual Report of the Executive Committee it was printed quote, "drawn up for merger of the Springfield Academy of Medicine." The word merger should be "an affiliate."

ANNUAL MEETING

The 142nd Annual Meeting of the HDMS was held on Tuesday, April 27, 1982 at Storrowton Tavern in the Barn in West Springfield. There were 126 members and guests present.

Dr. Stoddard, President called the meeting to order at 6:10 P.M.

The minutes of the January 27, 1982 meeting were read by Dr. Walthall, Secretary and approved by the members as read.

Dr. Remsberg, Treasurer, gave the financial report which is on record in the HDMS offices. This had been reported in the Newsletter and voted upon in January.

All Annual Reports had been printed in the April issue of the Hampden Hippocrat. Dr. Stoddard asked for approval of these reports. Dr. Stoler brought to the attention of the members that on page 9 of the April issue under the Annual Report of the Executive Committee that the word "merger" had been used instead of the word "affiliation" referring to the Springfield Academy of Medicine. This correction will be made in the report.

Dr. Paul T. Moore gave the Auditor's report of the financial report of the HDMS and stated that it seemed to be in order. Dr. Moore also gave the approved report of the Springfield Academy of Medicine.

Dr. James Allan, Chairman of Bylaws was asked by President Stoddard to give the report on the revision of the Bylaws. Dr. Allan explained that these bylaws are to be known as a revision, not amended. They have been done in the decimal system to conform with the bylaws of

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the MMS. Basically there have been no changes. The thirty day notice was waived and the Bylaws were approved by the membership.

In the absence of Dr. Tapp, Chairman of the Nominating Committee, Dr. Walthall read the report of the committee. This report is attached to this report. These nominations were accepted unanimously by the Society. The Secretary was instructed to cast one ballot for the slate.

Dr. Siragusa discussed hospitals, HMO's, clinics taking over Medicaid. This will be printed in the Hampden Hippocrat with a tear out portion to be returned to the HDMS office.

Dr. Fitzpatrick, Chairman of the Springfield Academy of Medicine held a very short meeting of the Committee on Education & the Library. Dr. Gulab Shah was appointed as Chariman of the committee and Dr. Richard Kane as Vice Chairman.

The meeting was adjourned for the Social Hour.

Dr. Walthall, Secretary called a meeting of the new Councilors to elect an Executive Councilor and an Alternate Councilor. The Councilors elected Dr. J.J. Siragusa for Executive and Dr. Philip B. Stoddard for Alternate Councilor. Dr. Hough has resigned to accept the position of President of the HDMS.

After the social hour a delicious chicken dinner was served. Dr. Stoddard asked for a moment of silence for members who had deceased during the past year. (Names on the attached agenda).

Dr. Stoddard introduced Dr. Garry Hough, new President who spoke briefly giving activities for the coming year 1982-1983.

Dr. Hough then presented Dr. Stoddard with a plaque and gave him thanks for his leadership during the past year.

Dr. Stoddard introduced the Hospital Administrators present.

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Awards were presented to three fifty year members:

William F. Geran, M.D.
Calvert Stein, M.D.
Fred M.H. Ziter, M.D.

Dr. Stein was the only member present to receive his award for fifty years in medicine.

Dr. Sannella was present. He recently celebrated his 93rd birthday and the members sang "Happy Birthday" to him.

There were twenty two new members during the past year but out of this number there were only four present to receive their awards.

Dr. Stoddard introduced Attorney Neil Chayet the speaker for the evening. His topic was "Hard Times Ahead and How to Deal with Them." Mr. Chayet has written several books, his latest being "Looking at the Law" published in 1981. His talk was very stimulating and interesting. Attorney Chayet spoke knowledgeably and with great interest in physicians and their problems of the times. He questioned our ability to manage new technologies constantly being developed. He asked, why are some doctors unhappy? Is it pride or dignity or money? There are forces constantly trying to take away these things. He marked that the doctor-patient relationship is being eroded. Reasons are:

1. Utilization Review Committees.
2. Contingent fees associated with malpractice which he feels should be abolished.
3. Informed consent.
4. Impaired physician.

He discussed certificate of need laws regarding hospitals and has observed that many of these laws are a waste. He said private competition is to be encouraged and abatement of the government thrust is a step in the right direction. Still a major problem is in the third party payment transfer. The prime example in Massachusetts of this is the Blue Shield fiasco.

Regarding his firm of Warner & Stackpole, Attorney Chayet declared that they are definitely in favor of Massachusetts Medical Society and their fight against third party payors even though they are no longer the official law firm of MMS. The speaker was dynamic and well received by the audience.

The meeting was adjourned at 10:00 P.M. □

William W. Walthall, Jr., M.D.
Secretary

1982-83 NOMINATION REPORT

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Medico-Religious	James G. Fitzpatrick
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Area Health Planning	J.J. Siragusa, Jr.
Nutrition	Harrison D. Willcutts
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TEMPOROMANDIBULAR JOINT PAIN SYNDROME AS IT RELATES TO THE M.D.

The medical professional usually is the first to be consulted by a patient with a T.M.J. problem. Such a patient does not ordinarily discuss their pain with their dentist as it does not seem to relate to any dental condition.

Pain is the most common symptom for patients' visits to medical offices. More than 50 % of all visits to the family physician each year are for the treatment of some variety of head, neck, and shoulder pain. Statistics indicate that more than half of these patients suffer from T.M.J. dysfunction.

Although the T.M.J. syndrome has been identified for over 40 years, it is only within the last 5-10 years that enough data has been obtained to make a definite connection between it and various common head and upper body pain symptoms. After the initial visit to their family physician who finds no cause for their complaints, patients with T.M.J. syndrome often are referred to one or more medical specialists in search of the etiology of their pain. Careful examination

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may give negative findings and diagnosis becomes even more difficult or impossible since no organic changes are present. Often at this time many patients are referred for psychiatric consultation or may be told that they will have to learn to live with the pain and cope as best they can.

If you are at present treating patients who are experiencing one or a combination of several of the following symptoms--chronic headache, sinus problems, otalgia, hearing loss, vertigo, muscle spasms and pain, nausea, sleeplessness, tinnitus, along with clicking and difficulty in opening their mouths and the etiology has not been explained after careful examination of test results, perhaps you have a patient with T.M.J. syndrome.

Treatment of this syndrome is multi-disciplinary in approach utilizing oral orthopedic appliances, neuromuscular physiotherapy such as electrogalvanic stimulation, cryotherapy, moist heat, muscle injections of local anesthetics into trigger areas, and oral muscle exercise therapy in addition to pharmocologic agents.

The importance of the T.M.J. syndrome problem is finally beginning to be recognized by a broader segment of the medical and dental professions and once properly diagnosed and properly treated, the recovery becomes very favorable. In fact situations that indicate that 90 % of treated patients recover fully while the remainder at least experience a decrease in their symptoms. □

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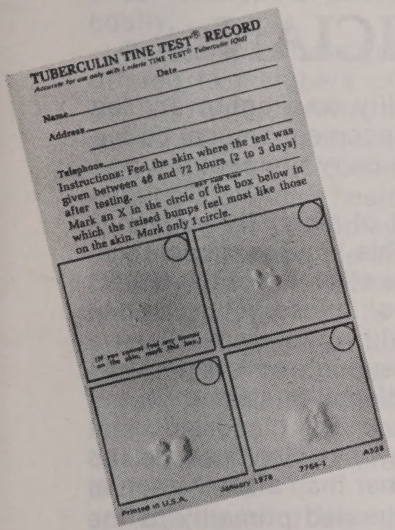
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Most physicians purchase a small amount of disability insurance when they start their practice. Most add to this later as income and obligations increase. Most physicians pay little attention to the details of their disability coverage until an accident or illness occurs. When this does happen, the policy is examined with great care. When a significant disability occurs, there is never enough coverage. Most physicians who have suffered a significant disability attempt to improve their coverage upon returning to practice. The discussion that follows is presented in hopes of guiding the physician towards the situation of being properly covered before rather than after the actual disability occurs. The comments here are directed primarily to the solo practitioner or the member of a small group. Most of the information, however, should be of value to any physician.

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surance agent. Hundreds of insurance companies write this type of coverage. I am advised that this is usually one of the more profitable lines. This type of policy usually requires a physical exam and is more costly.

One can purchase group disability coverage. Here a specific plan is offered to members of an organization such as a District Medical Society, M.M.S., AMA, etc. Usually a short health statement only is required. Group plans are usually less costly than individual plans.

A third type of coverage can be obtained as part of a package including life and/or health insurance. This type of insurance is usually sold to cover all employees of an organization. In the case of a physician, himself and his employees.

Finally, office overhead insurance is a form of short term disabiity insurance intended to cover ongoing practice expenses during a physician's absence due to illness or injury. There is a distinct difference in the manner of covering incorporated and unicorporated practices. The unincorporated physician or group is reimbursed on the basis of actual expenses with an ultimate dollar or time limit. The basis incorporated practice is reimbursed on a specific monthly benefit basis.

Regardless of the type of coverage obtained, there are specific details of the insurance that should be clearly understood. These are:

1. The dollar amount to be paid, usually monthly in case of disability.

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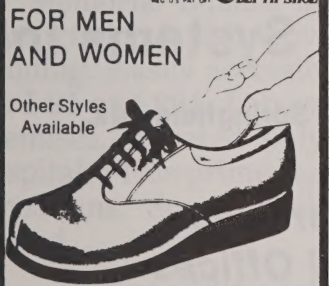
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2. The duration of payment in case of permanent disability.
3. The waiting period before payments start.
4. The definition of disability. This is an extremely important consideration that will be discussed in detail later.
5. Duration that the insurance will be in force, usually to a specific age.
6. Possibility of cancellation.
7. Limits of participation by specific plans and possible "coordination of benefits" in the event of multiple sources of disability income.
8. Premium.

In estimating needs, the physician should consider his personal income needs, and his ongoing practice expenses. In considering the waiting period before payments start, the physician should remember that once he returns to practice, the disability payments will stop and there will be a significiant hiatus until the usual practice income is again coming in. To be adequately protected, a portion of one's insurance should start paying within a week or two of the onset of the disability. For the same reason, office overhead coverage should have a very short waiting period. Unfortunately, very few of these plans will start paying office overhead expense before 30 days.

I have suggested an approach for office overhead insurance, of requiring 30 days of disability, but making the payments retroactive to day one or seven. This would seem to make sense and may one day be available to Mass. Medical Society Members.

Most disability coverage is written with waiting periods between 7 days and 6 months. The shorter the waiting period, the higher the cost.

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A reasonable approach is to have several different waiting periods.

The most important component of a disability program is coverage for a very lengthy or permanent disability. Coverage "to age 65" is about as long as can usually be obtained. Short term coverage for physicians in practice beyond age 65 is available and is of course desirable. Except for these circumstances, coverage running for 1-2 years is not desirable in spite of a lower premium.

Most companies will limit the amount of coverage they will write for any individual to both specific dollar amounts and to a percentage of the physician's income. With rare exceptions, insurance companies will also limit their participation in terms of the individual's total payments to either/or a percentage of income of a specific dollar amount. This is generally true at the time a particular policy is issued and is not usually affected by subsequent coverage that the physician may obtain. An example would be the purchase of protection of $4,000 per month from company A. This is the maximum that company A will write or participate in with one individual. If a physician subsequently purchases $2,000 per month from company B, company A can not under ordinary circumstances refuse payment in case of a disability. Certain policies are now written to attempt to reduce liability in this situation stating that company A will only pay a pro rata share of a total of $4,000. Policies with provisions of this type should be avoided if possible.

There are several ways that coverage beyond one company's limits can be obtained. If one has an open enrollment group plan, but wishes to purchase an individual policy, but cannot do so because of limits of

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participation, this group plan can be permitted to lapse because of nonpayment of premium. The individual plan can be purchased to desired level of coverage. After the policy is issued, the group plan can be re-instated.

One should recognize that this approach exposes the physician to a number of risks. If the physician's health status had changed since the original policy was issued, the original company could exclude this change as a pre-existing condition and payment for disability for such a condition could be denied. One must also be aware that there is no protection between the lapse of the first policy and the start of coverage of the second policy. The physician contemplating this approach would be wise to inform both companies of his planned action and to be guided by their responses before permitting coverage to expire. Some group plans are offered, particularly at the inception of the plan without limits as far as other coverage is concerned. This offers a chance at obtaining additional coverage.

Members of the American Medical Association can purchase group disability insurance with benefits between $1,000 and $4,000 per month with a 6 to 12 month waiting period if the physicians total benefit doesn't exceed 60% of his taxable income. The underwriter is the Sentry Life Insurance Company. Package plans including other forms of insurance — life and health — are almost always written without participation limits. Similarly, office overhead insurance is usually written independent of other disability insurance.

In response to the large number of incorporated practices with pension and profit sharing plans, many companies include the pension and profit sharing plan contribution as total income in calculating the percentage of income upon which limits will be based. This could potentially increase the amount of insurance available by 25%.

In planning one's needs, one should not forget that permanent total disability will after a year or two make one eligible for Social Security disability benefits. Some companies have recently inserted language reducing benefits to correspond to anticipated Social Security payments. This type of policy should be avoided, if possible. This feature is rarely mentioned in sales presentations.

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An extremely important consideration is the definition of disability. This is written in a variety of ways. If written in terms of the specific occupation being performed at the time the policy is written, the disabled person will receive payments until he has returned to his orignal job, ie., to his specialty practice in the case of the physician. He could work at a different job, perhaps less demanding, and still receive full disability payments. There is presently a trend away from writing coverage in this manner. Most policies today are written to discontinue payments when the individual returns to any occupation or is physically able to work. Some policies are written to cover disability from a specific occupation for a specified period of time, 5-10 years, and then as any occupation. Unfortunately, most disability coverage is "all or none". Once the covered person returns to work, payments stop. It is important that the physician understand the provisions of his coverage in deciding when to resume practice.

The concept of partial disability coverage is very appealing. This type of coverage assumes the physician will not immediately resume full time practice after a lengthy disability. A lump sum payment of a specified amount is made at the time the physician returns to work. This requires that the covered person has been disabled for a specified period usually 6-8 weeks. This type of insurance will soon be available to members of the Mass. Medical Society.

The possibility of cancellation is made much of by insurance salesmen. Some individual policies are written as "non-cancellable". In the past, some group plans have been cancelled in total. Since disability insurance is generally profitable, a cancelled plan would almost certainly be assumed by a different company with continuity of coverage. Details of coverage and premiums could, of course, change. This is not a serious consideration, considering group plans now available to Mass. physicians. The group plans administered by Lester Burdick are now written as non-cancellable and guaranteed converti-

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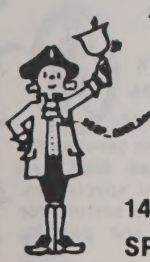

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ble for the individual. The latter assures that if one moved to another state or changed occupations, one could continue the disability coverage.

The only situations where protections could be lost are the company offering the insurance going out of business and the entire group being cancelled. The risk of the insurer going out of business applies equally to individual and group plans. It is extremely unlikely that a group plan that has been in existence for many years would be cancelled.

One should avoid purchasing group or individual type insurance if the premium is drastically lower than comparable coverage without an obvious reason for the very low premiums. It is in this circumstance that a situation where exposure to cancellation either for the individual or group is greatest.

An obvious consideration is the cost of obtaining disability insurance. There are surprising variations in cost of coverage between different companies. When purchasing insurance, one can and should list the important features of each offered plan - waiting period, monthly payment, duration of payment, definition of disability, etc. - and compare the annual cost for payments of $1,000 per month.

The tax consequences of disability insurance are significant. If one considers the premium a business expense, the premium is tax deductible. Payments under this circumstance are taxed as regular income. A recent IRS directive requires an insurance company making disability payments to report these payments to the IRS immediately and to deduct F.I.C.A. from the payment. If premiums are paid with after tax dollars, the payments are not taxed as income.

The group disability insurance available to physicians in Massachusetts through the District Medical Societies and the Mass. Medical Society is in the opinion of this author an outstanding program. The program is administered by Lester Burdick, Inc., Boston, Mass. and is underwriten by the Commercial Casualty Insurance Co. of Newark, N.J.

The combined M.M.S. and District programs permit benefits of up to $600 per week with a variety of waiting periods between 0-7 days and 6 months. The protection can be continued beyond age 65 if the physi-

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cian continues to practice. The policies are non-cancellable and guaranteed convertible. The definition of disability is the physician's specific specialty. Long term coverage pays benefits until age 65. Age group premiums are low, generally being approximately one half the premiums for comperable individual policies. A brief health statement only is required. Claims are paid promptly with minimal evidence of disability required of the physician. Lester Burdick, Inc. has, through the years, been extremely fair in covering physicians with pre-existing health problems and in paying claims in questionable cases. The recently added return to work lump sum payment option represents an attractive feature particularly for the solo practitioner. Similarly, the office overhead coverage offered to members of the Mass. Medical Society are administered in a similar manner.

Many of the desirable features of these programs have been instituted by Lester Burdick, Inc. at the request of the Committee for Members Insurance Programs of the Massachusetts Medical Society. □

Lorne C. Smith, M.D., Chairman
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The tree tops, the ice covered ponds, I now yearned to escape.

Now at last, Spring has come upon us
The days are longer, the nights shorter and upon awakening
The chirping of birds reach upon my muted ears; how mellifluous
They sound as they skip upon the islands of barren soil.

The robin, the cardinal and truculent blue jay,
All parade before my window, how welcome are they.
I cannot put in words, for it is my soul that feels
The breath of Spring, the rebirth of life, winter is gone and away.

The sunrise pastelled upon the sky, the golden sphere of fire
The glow of light, the touch of warmth embraces me,
As it melts my snow covered frame and my whole being
For a new season has begun and I rejoice ever humbly.

Spring is the fountain of life, renewed and reborn
Once again trees will blossom and flowers will bloom
Nature will weave a garment of green and play of colors to adorn.
I love the coming of Spring, it kindles my spirit, for I cherish life
and all that it means to me. □

S.A. Zacarian, M.D.
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Philip B. Stoddard, M.D.
President
Hampden District Medical Society
Springfield, Mass. 01109

Dear Dr. Stoddard:

On behalf of the 104 Tactical Fighter Group, the Clinic, and myself, I wish to express my sincerest thanks to you, the Society, and especially Dr. Walter Pacosa and Mrs. Vivian Purdy for their efforts in spotlighting "Military Medicine" in the January issue of the Hampden Hippocrat.

The courtesy copies provided to us have been sent to higher headquarters so that they may see what is happening locally. All of us are quite proud of being recognized in your publication and, to my knowledge, this might be a "first" in the Reserve Forces regarding a military medical unit.

Once again, thank you for letting us share the spotlight in your publication. Continued success and best wishes. □

R. Carl Szarlan, LtCol
Commander 104 TAC Clinic

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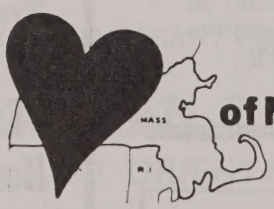
In The Hart  **of New England**

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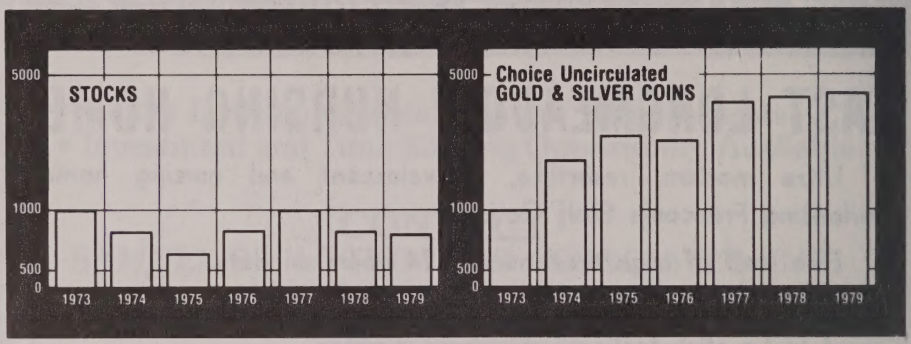

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